

**United States Bankruptcy Court**  
**Eastern District of Michigan**

In re **Dennis P Smith,  
Heather Smith**

Debtors

Case No. **12-56845**

Chapter **13**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>110,000.00</b>		
B - Personal Property	<b>Yes</b>	<b>4</b>	<b>10,641.80</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>2</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>75,118.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>2</b>		<b>39,469.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>24</b>		<b>46,791.65</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>4,921.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>3,555.00</b>
Total Number of Sheets of ALL Schedules		<b>39</b>			
Total Assets			<b>120,641.80</b>		
Total Liabilities				<b>161,378.65</b>	

**United States Bankruptcy Court**  
**Eastern District of Michigan**

In re **Dennis P Smith,  
Heather Smith**

Case No. **12-56845**

Debtors

Chapter **13**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>39,469.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>39,469.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>4,921.00</b>
Average Expenses (from Schedule J, Line 18)	<b>3,555.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>1,957.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>39,469.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>0.00</b>
4. Total from Schedule F		<b>46,791.65</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>46,791.65</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
<b>4703 Clegg Road Ottawa Lake, MI 49267</b>	<b>Fee simple</b>	<b>J</b>	<b>110,000.00</b>	<b>75,118.00</b>

Sub-Total > **110,000.00** (Total of this page)Total > **110,000.00**0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

**12-56845-wsd Doc 9 Filed 07/19/12 Entered 07/19/12 16:04:44 Page 3 of 41**

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking Account: Bank of America Location: Bank of America Lambertville, MI 48144</b>	J	<b>2,431.80</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Furniture: 2 bedroom sets, dining room set, couch Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>	J	<b>250.00</b>
		<b>Appliances: refrigerator, microwave, washer, dryer Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>	J	<b>300.00</b>
		<b>Household: coffee pots, kitchen dishes, silverware Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>	J	<b>300.00</b>
		<b>Audio-Video: stereo system Location: 4703 Clegg Rd., Ottawa Lake MI 49267</b>	J	<b>100.00</b>
		<b>Office: laptop Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>	J	<b>60.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<b>Men's, Women's, Children's Apparel Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>	J	<b>250.00</b>
7. Furs and jewelry.		<b>Jewelry: wedding rings Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>	J	<b>200.00</b>

Sub-Total > **3,891.80**  
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

12-56845-wsd Doc 9 Filed 07/19/12 Entered 07/19/12 16:04:44 Page 4 of 41

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
8. Firearms and sports, photographic, and other hobby equipment.		<b>Sports-Hobby: fishing poles Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>	<b>J</b>	<b>100.00</b>
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			

Sub-Total > **100.00**  
(Total of this page)

Sheet **1** of **3** continuation sheets attached  
to the Schedule of Personal Property

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>Auto: 2005 Chevy Tahoe Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>	<b>J</b>	<b>4,500.00</b>
		<b>Auto: 2002 Ford Windstar Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>	<b>J</b>	<b>1,500.00</b>
		<b>Motorcycle: 2002 Harley Davidson Ultra Classic Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>	<b>H</b>	<b>200.00</b>
		<b>Trailer: 5 X 10 utility trailer Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>	<b>H</b>	<b>450.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			

Sub-Total > **6,650.00**  
(Total of this page)

Sheet **2** of **3** continuation sheets attached  
to the Schedule of Personal Property

**12-56845-wsd Doc 9 Filed 07/19/12 Entered 07/19/12 16:04:44 Page 6 of 41**

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total >	<b>0.00</b>
(Total of this page)	
Total >	<b>10,641.80</b>

Sheet **3** of **3** continuation sheets attached  
to the Schedule of Personal Property

(Report also on Summary of Schedules)

**12-56845-wsd Doc 9 Filed 07/19/12 Entered 07/19/12 16:04:44 Page 7 of 41**

In re **Dennis P Smith**Case No. **12-56845**

Debtors

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)☒ 11 U.S.C. §522(b)(2)☐ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds  
\$146,450. (Amount subject to adjustment on 4/1/13, and every three years thereafter  
with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b>Real Property</b>			
<b>4703 Clegg Road Ottawa Lake, MI 49267</b>	<b>11 U.S.C. § 522(d)(1)</b>	<b>20,652.51</b>	<b>110,000.00</b>
<b>Household Goods and Furnishings</b>			
<b>Furniture: 2 bedroom sets, dining room set, couch</b>	<b>11 U.S.C. § 522(d)(3)</b>	<b>250.00</b>	<b>250.00</b>
<b>Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>			
<b>Appliances: refrigerator, microwave, washer, dryer</b>	<b>11 U.S.C. § 522(d)(3)</b>	<b>300.00</b>	<b>300.00</b>
<b>Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>			
<b>Household: coffee pots, kitchen dishes, silverware</b>	<b>11 U.S.C. § 522(d)(3)</b>	<b>300.00</b>	<b>300.00</b>
<b>Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>			
<b>Audio-Video: stereo system</b>	<b>11 U.S.C. § 522(d)(3)</b>	<b>100.00</b>	<b>100.00</b>
<b>Location: 4703 Clegg Rd., Ottawa Lake MI 49267</b>			
<b>Office: laptop</b>	<b>11 U.S.C. § 522(d)(3)</b>	<b>60.00</b>	<b>60.00</b>
<b>Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>			
<b>Furs and Jewelry</b>			
<b>Jewelry: wedding rings</b>	<b>11 U.S.C. § 522(d)(4)</b>	<b>200.00</b>	<b>200.00</b>
<b>Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>			
<b>Automobiles, Trucks, Trailers, and Other Vehicles</b>			
<b>Motorcycle: 2002 Harley Davidson Ultra Classic</b>	<b>11 U.S.C. § 522(d)(5)</b>	<b>200.00</b>	<b>200.00</b>
<b>Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>			
<b>Trailer: 5 X 10 utility trailer</b>	<b>11 U.S.C. § 522(d)(5)</b>	<b>450.00</b>	<b>450.00</b>
<b>Location: 4703 Clegg Road Ottawa Lake, MI 49267</b>			

Total: **22,512.51** **111,860.00**0 continuation sheets attached to Schedule of Property Claimed as Exempt



In re **Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds  
\$146,450. (Amount subject to adjustment on 4/1/13, and every three years thereafter  
with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</b>			
<b>Checking Account: Bank of America</b>	<b>11 U.S.C. § 522(d)(5)</b>	<b>2,431.80</b>	<b>2,431.80</b>
<b>Location: Bank of America</b>			
<b>Lambertville, MI 48144</b>			
<b>Wearing Apparel</b>			
<b>Men's, Women's, Children's Apparel</b>	<b>11 U.S.C. § 522(d)(5)</b>	<b>250.00</b>	<b>250.00</b>
<b>Location: 4703 Clegg Road Ottawa Lake, MI</b>			
<b>49267</b>			
<b>Firearms and Sports, Photographic and Other Hobby Equipment</b>			
<b>Sports-Hobby: fishing poles</b>	<b>11 U.S.C. § 522(d)(5)</b>	<b>100.00</b>	<b>100.00</b>
<b>Location: 4703 Clegg Road Ottawa Lake, MI</b>			
<b>49267</b>			
<b>Automobiles, Trucks, Trailers, and Other Vehicles</b>			
<b>Auto: 2005 Chevy Tahoe</b>	<b>11 U.S.C. § 522(d)(5)</b>	<b>4,500.00</b>	<b>4,500.00</b>
<b>Location: 4703 Clegg Road Ottawa Lake, MI</b>			
<b>49267</b>			
<b>Auto: 2002 Ford Windstar</b>	<b>11 U.S.C. § 522(d)(2)</b>	<b>1,500.00</b>	<b>1,500.00</b>
<b>Location: 4703 Clegg Road Ottawa Lake, MI</b>			
<b>49267</b>			

Total: **8,781.80** **8,781.80**0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. <b>xxxxxx8564</b>			<b>Opened 11/01/02 Last Active 3/31/12</b>					
<b>City Ntl Bk/Ocwen Loan Service Attn: Bankruptcy P.O. Box 24738 West Palm Beach, FL 33416</b>		<b>J</b>	<b>4703 Clegg Road Ottawa Lake, MI 49267</b>					
			Value \$ <b>110,000.00</b>				<b>75,118.00</b>	<b>0.00</b>
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							<b>75,118.00</b>	<b>0.00</b>
Total (Report on Summary of Schedules)							<b>75,118.00</b>	<b>0.00</b>

0 continuation sheets attached

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. <b>xxxxx0961</b>  <b>Natl Amer Un Pob 1780 Rapid City, SD 57709</b>		<b>W</b>	<b>Opened 8/08/11 Last Active 4/23/12</b>  <b>Educational</b>				<b>231.00</b>	<b>0.00</b>  <b>231.00</b>
Account No. <b>xxxxx8581</b>  <b>Us Dept Of Ed/glelsi Po Box 7860 Madison, WI 53707</b>		<b>W</b>	<b>Opened 11/01/10 Last Active 2/29/12</b>  <b>Educational</b>				<b>17,750.00</b>	<b>0.00</b>  <b>17,750.00</b>
Account No. <b>xxxxx9577</b>  <b>Us Dept Of Ed/glelsi Po Box 7860 Madison, WI 53707</b>		<b>H</b>	<b>Opened 11/01/08 Last Active 2/29/12</b>  <b>Educational</b>				<b>10,988.00</b>	<b>0.00</b>  <b>10,988.00</b>
Account No. <b>xxxxx1577</b>  <b>Us Dept Of Ed/glelsi Po Box 7860 Madison, WI 53707</b>		<b>W</b>	<b>Opened 1/01/10 Last Active 2/29/12</b>  <b>Educational</b>				<b>10,500.00</b>	<b>0.00</b>  <b>10,500.00</b>
Account No.								
Subtotal (Total of this page)							<b>39,469.00</b>	<b>0.00</b> <b>39,469.00</b>
Total (Report on Summary of Schedules)							<b>39,469.00</b>	<b>0.00</b> <b>39,469.00</b>

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>0037</b>  <b>Advanced Family Surgery Center</b> <b>944 Oak Ridge Tpke, Ste 200</b> <b>Oak Ridge, TN 37830</b>	<b>J</b>	<b>2012</b> <b>Medical Bills</b>				<b>1,925.00</b>
Account No. <b>xxxxxx8892</b>  <b>Afni, Inc.</b> <b>Attn: Bankruptcy</b> <b>Po Box 3097</b> <b>Bloomington, IL 61702</b>	<b>W</b>	<b>Opened 5/01/07 Last Active 3/01/12</b> <b>FactoringCompanyAccount Alltel</b>				<b>Unknown</b>
Account No. <b>xxx5742</b>  <b>Alexandra Vaneck Co, LPA</b> <b>5660 Southwyck Blvd #110</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>1/3/2007</b> <b>Medical Bills</b>				<b>88.57</b>
Account No. <b>xxxx5742</b>  <b>Alexandra Vaneck Co, LPA</b> <b>5660 Southwyck Blvd #110</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>1/2/2007</b> <b>Medical Bills</b>				<b>154.35</b>
Subtotal (Total of this page)						<b>2,167.92</b>

23 continuation sheets attached

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx5742</b>  <b>Alexandra Vaneck Co, LPA</b> <b>5660 Southwyck Blvd #110</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>7/29/2006</b> <b>Medical Bills</b>				<b>76.56</b>
Account No. <b>xxxx5742</b>  <b>Alexandra Vaneck Co, LPA</b> <b>5660 Southwyck Blvd #110</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>6/28/2006</b> <b>Medical Bills</b>				<b>203.94</b>
Account No. <b>xxxx5742</b>  <b>Alexandra Vaneck Co, LPA</b> <b>5660 Southwyck Blvd #110</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>3/14/2007</b> <b>Medical Bills</b>				<b>120.60</b>
Account No. <b>xxx5742</b>  <b>Alexandra Vaneck Co, LPA</b> <b>5660 Southwyck Blvd #110</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>1/5/2007</b> <b>Medical Bills</b>				<b>44.07</b>
Account No. <b>xxxx5742</b>  <b>Alexandra Vaneck Co, LPA</b> <b>5660 Southwyck Blvd #110</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>3/10/07</b> <b>Medical Bills</b>				<b>66.17</b>
Sheet no. <u>1</u> of <u>23</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>511.34</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx5742</b>  <b>Alexandra Vaneck Co, LPA 5660 Southwyck Blvd #110 Toledo, OH 43614</b>	<b>J</b>	<b>2/6/2007 Medical Bills</b>				<b>57.24</b>
Account No. <b>xxxx5742</b>  <b>Alexandra Vaneck Co, LPA 5660 Southwyck Blvd #110 Toledo, OH 43614</b>	<b>J</b>	<b>10/1/2007 Medical Bills</b>				<b>123.60</b>
Account No. <b>xxxx5742</b>  <b>Alexandra Vaneck Co, LPA 5660 Southwyck Blvd #110 Toledo, OH 43614</b>	<b>J</b>	<b>10/5/2007 Medical Bills</b>				<b>53.30</b>
Account No. <b>xxxx5742</b>  <b>Alexandra Vaneck Co, LPA 5660 Southwyck Blvd #110 Toledo, OH 43614</b>	<b>J</b>	<b>10/5/2007 Medical Bills</b>				<b>123.60</b>
Account No. <b>xxxx5742</b>  <b>Alexandra Vaneck Co, LPA 5660 Southwyck Blvd #110 Toledo, OH 43614</b>	<b>J</b>	<b>4/25/2008 Medical Bills</b>				<b>156.24</b>
Sheet no. <b>2</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b> <b>513.98</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx5742</b>  <b>Alexandra Vaneck Co, LPA</b> <b>5660 Southwyck Blvd #110</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>5/6/2008</b> <b>Medical Bills</b>				<b>450.00</b>
Account No. <b>8553</b>  <b>Anesthesiology Consultants of Toledo</b> <b>P.O. Box 1061</b> <b>Toledo, OH 43697</b>	<b>J</b>	<b>9/2010</b> <b>Medical Bills</b>				<b>353.00</b>
Account No. <b>9849</b>  <b>Capital One</b> <b>P.O. Box 30285</b> <b>Salt Lake City, UT 84130</b>	<b>W</b>	<b>8/2006</b> <b>Credit Card</b>				<b>1,495.00</b>
Account No. <b>4878</b>  <b>Capital One</b> <b>P.O. Box 30285</b> <b>Salt Lake City, UT 84130</b>	<b>W</b>	<b>3/2005</b> <b>Credit Card</b>				<b>727.00</b>
Account No. <b>xxxxxxxxxxxx3857</b>  <b>Capital One, N.a.</b> <b>Capital One Bank (USA) N.A.</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b>	<b>H</b>	<b>Opened 8/01/03 Last Active 3/13/12</b> <b>CreditCard</b>				<b>731.00</b>
Sheet no. <b>3</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>3,756.00</b>



In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx8703</b>  <b>Cbs</b> <b>23 E. Front St</b> <b>Monroe, MI 48161</b>	<b>H</b>	<b>Monroe County Community Credit</b>				<b>655.00</b>
Account No. <b>xx1789</b>  <b>Cbs</b> <b>23 E. Front St</b> <b>Monroe, MI 48161</b>	<b>W</b>	<b>Action Disposal</b>				<b>162.00</b>
Account No. <b>xxx2771</b>  <b>Ccrservices</b> <b>P O Box 32299</b> <b>Columbus, OH 43232</b>	<b>H</b>	<b>Med1 02 Jonathon Frankel Dds</b>				<b>313.00</b>
Account No. <b>xxx0631</b>  <b>Ccrservices</b> <b>P O Box 32299</b> <b>Columbus, OH 43232</b>	<b>H</b>	<b>Med1 02 Toledo Ent Inc</b>				<b>186.00</b>
Account No. <b>xxx8111</b>  <b>Ccrservices</b> <b>P O Box 32299</b> <b>Columbus, OH 43232</b>	<b>H</b>	<b>Med1 02 Toledo Ent Inc</b>				<b>94.00</b>
Sheet no. <b>4</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,410.00</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx3161</b>  <b>Ccrservices</b> <b>P O Box 32299</b> <b>Columbus, OH 43232</b>	<b>H</b>	<b>Med1 02 Frankel Dental Services</b>				<b>66.00</b>
Account No. <b>xx8703</b>  <b>Credit Bureau Systems</b> <b>23 E. Front St., Ste. 105</b> <b>Monroe, MI 48161</b>	<b>J</b>	<b>2008 Loan</b>				<b>689.50</b>
Account No. <b>xxxx2754</b>  <b>Credit Collection Services</b> <b>Two Wells Ave.</b> <b>Dept. 587</b> <b>Newton Center, MA 02459</b>	<b>J</b>	<b>6/2007 Insurance</b>				<b>250.00</b>
Account No. <b>xxxx1228</b>  <b>Credit Collection Services</b> <b>Two Wells Ave.</b> <b>Dept. 587</b> <b>Newton Center, MA 02459</b>	<b>J</b>	<b>5/11 Insurance</b>				<b>145.00</b>
Account No. <b>xxxx2754</b>  <b>Credit Collections Srv.</b> <b>Po Box 9134</b> <b>Needham, MA 02494</b>	<b>W</b>	<b>06 Progressive Insurance Company</b>				<b>250.00</b>
Sheet no. <b>5</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,400.50</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>UNKNOWN</b>  <b>Direct TV</b> <b>PO Box 6414</b> <b>Carol Stream, IL 60197</b>	<b>W</b>	<b>UNKNOWN</b> <b>Television Service</b>				<b>Unknown</b>
Account No. <b>3161</b>  <b>Dr. Jonathan Frankel</b> <b>5012 Talmadge Rd.</b> <b>Toledo, OH 43623</b>	<b>J</b>	<b>9/09</b> <b>Dental Services</b>				<b>66.00</b>
Account No. <b>0400</b>  <b>Dr. Jonathan Frankel</b> <b>5012 Talmadge Rd.</b> <b>Toledo, OH 43623</b>	<b>J</b>	<b>2009</b> <b>Dental Services</b>				<b>313.13</b>
Account No. <b>3608</b>  <b>Dr. Winder &amp; Associates, Inc</b> <b>5680 Alexis Rd., # B</b> <b>Sylvania, OH 43560</b>	<b>J</b>	<b>6/29/2006</b> <b>Medical Services</b>				<b>148.96</b>
Account No. <b>1600</b>  <b>Emergency Physicians of NWO</b> <b>P.O. Box 1397</b> <b>Toledo, OH 43603</b>	<b>J</b>	<b>2/24/2007</b> <b>Medical Bills</b>				<b>92.82</b>
Sheet no. <b>6</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>620.91</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>7530</b>  <b>Emergency Physicians of NWO</b> <b>P.O. Box 1397</b> <b>Toledo, OH 43603</b>	<b>J</b>	<b>2/9/2010</b> <b>Medical Bills</b>				<b>55.46</b>
Account No. <b>1600</b>  <b>Emergency Physicians of NWO</b> <b>P.O. Box 1397</b> <b>Toledo, OH 43603</b>	<b>J</b>	<b>8/25/2006</b> <b>Medical Bills</b>				<b>19.72</b>
Account No. <b>7530</b>  <b>Emergency Physicians of NWO</b> <b>P.O. Box 1397</b> <b>Toledo, OH 43603</b>	<b>J</b>	<b>3/26/2011</b> <b>Medical Bills</b>				<b>15.24</b>
Account No. <b>6278</b>  <b>EZ Payday Loans</b> <b>c/o Smith Haynes &amp; Watson, LLC</b> <b>P.O. Box 148</b> <b>Mission, KS 66202</b>	<b>H</b>	<b>2009</b> <b>Cash Advance</b>				<b>345.00</b>
Account No. <b>2628</b>  <b>Fifth Third Bank</b> <b>3957 Kingsley Dr.</b> <b>Cincinnati, OH 45263</b>	<b>J</b>	<b>2010</b> <b>Bank Overdraft</b>				<b>1,542.18</b>
Sheet no. <u>7</u> of <u>23</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>1,977.60</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>9195</b>  <b>Fifth Third Bank</b> <b>3957 Kingsley Dr.</b> <b>Cincinnati, OH 45263</b>	<b>J</b>	<b>2011</b> <b>Overdraft Fees</b>				<b>128.49</b>
Account No. <b>4635</b>  <b>First Bank of Delaware</b> <b>P.O. Box 8099</b> <b>Newark, DE 19714</b>	<b>W</b>	<b>2007-2008</b> <b>Credit Card</b>				<b>619.00</b>
Account No. <b>xxxx1169</b>  <b>First Federal Credit C</b> <b>24700 Chagrin Blvd Ste 2</b> <b>Cleveland, OH 44122</b>	<b>W</b>	<b>Opened 11/01/11</b> <b>CollectionAttorney Diagnostic-Toledo</b>				<b>313.00</b>
Account No. <b>xxxx5179</b>  <b>First Federal Credit C</b> <b>24700 Chagrin Blvd Ste 2</b> <b>Cleveland, OH 44122</b>	<b>W</b>	<b>Opened 12/01/11</b> <b>CollectionAttorney Pdi-Perrysberg</b>				<b>313.00</b>
Account No. <b>xxxxxx9343</b>  <b>FMS Services</b> <b>P.O.Box 68245</b> <b>Schaumburg, IL 60168</b>	<b>W</b>	<b>UNKNOWN</b> <b>University of Phoenix Tuition</b>				<b>3,610.00</b>
Sheet no. <b>8</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>4,983.49</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>9753</b>  <b>Health Port</b> <b>P.O. Box 409900</b> <b>Atlanta, GA 30384</b>	<b>J</b>	<b>10/2011</b> <b>Medical Bills</b>				<b>29.21</b>
Account No. <b>8082</b>  <b>Heartland Rehabilitation Services</b> <b>Dept L-2807</b> <b>Columbus, OH 43260</b>	<b>J</b>	<b>8/2011</b> <b>Medical Services</b>				<b>283.82</b>
Account No. <b>xxxxxxxxxxxx9075</b>  <b>Imagine</b> <b>Po Box 105555</b> <b>Atlanta, GA 30348</b>	<b>W</b>	<b>Opened 7/01/07 Last Active 6/17/08</b> <b>CreditCard</b>				<b>820.00</b>
Account No. <b>5275</b>  <b>James Stahl, DDS</b> <b>4333 Monroe St., Ste B</b> <b>Toledo, OH 43606</b>	<b>J</b>	<b>2/7/2005</b> <b>Medical Bills</b>				<b>149.75</b>
Account No. <b>9900</b>  <b>Jennifer L. Zoll, DDS</b> <b>3036 W. Sylvania Ave.</b> <b>Toledo, OH 43613</b>	<b>J</b>	<b>8/2011</b> <b>Dental Services</b>				<b>71.50</b>
Sheet no. <b>9</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>1,354.28</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>35N1</b>  <b>Medical Arts Center c/o Servco Credit Corp. P.O. Box 1537 Traverse City, MI 49686</b>	<b>J</b>	<b>8/2006 Medical Bills</b>				<b>10.00</b>
Account No. <b>xxxxxxx4162</b>  <b>MMC Anesheisa Group P.O. Box 5059 Oak Ridge, TN 37831</b>	<b>J</b>	<b>2/2012 - 3/2012 Medical Services</b>				<b>118.00</b>
Account No. <b>xxxxxx4005</b>  <b>MMC Anesheisa Group P.O. Box 5059 Oak Ridge, TN 37831</b>	<b>W</b>	<b>4/23/2012 Medical Services</b>				<b>960.00</b>
Account No. <b>9980</b>  <b>Molly Judge DPM 520 Washington Ave. Port Clinton, OH 43452</b>	<b>J</b>	<b>8/22/2011 Medical Bills</b>				<b>305.60</b>
Account No. <b>xxxxx2326</b>  <b>National Action Financial Services, Inc. 165 Lawrence Bell Dr., Ste 100 Williamsville, NY 14321</b>	<b>J</b>	<b>2011 Security System</b>				<b>890.14</b>
Sheet no. <b>10</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>2,283.74</b>
Subtotal (Total of this page)						<b>2,283.74</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2010 School Books</b>				
<b>National American University 5301 S. Highway 16, Ste 200 Rapid City, SD 57701</b>	<b>W</b>					<b>223.70</b>
Account No. <b>xxxxx0392</b>		<b>9/2009 Insurance</b>				
<b>NCO Financial Systems, Inc. 507 Prudential Rd. Horsham, PA 19044</b>	<b>J</b>					<b>259.00</b>
Account No. <b>xxxxx1349</b>		<b>8/08 Insurance</b>				
<b>NCO Financial Systems, Inc. 507 Prudential Rd. Horsham, PA 19044</b>	<b>H</b>					<b>106.00</b>
Account No. <b>x4508</b>		<b>10/2011-2012 Medical Bills</b>				
<b>Ortho Tennessee 260 Ft. Sanders W. Blvd Knoxville, TN 37922</b>	<b>W</b>					<b>213.68</b>
Account No. <b>1169</b>		<b>4/11 Medical Bills</b>				
<b>PDI Perrysburg 13003 Eckel Junction Rd. Perrysburg, OH 43551</b>	<b>J</b>					<b>313.00</b>
Sheet no. <b>11</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>1,115.38</b>



In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>E000</b>  <b>PDI Perrysburg</b> <b>13003 Eckel Junction Rd.</b> <b>Perrysburg, OH 43551</b>	<b>J</b>	<b>6/22/2011</b> <b>Medical Bills</b>				<b>312.90</b>
Account No. <b>xxxx xxxxxxxxxxx8344</b>  <b>Portfolio Recovery Assoc.</b> <b>120 Corporate Blvd.</b> <b>Norfolk, VA 23502</b>	<b>J</b>	<b>2004-2005</b>				<b>858.99</b>
Account No. <b>054U</b>  <b>Promedica Physicians</b> <b>C/O United Collection Bureau</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>4/9/2008</b> <b>Medical Bills</b>				<b>71.69</b>
Account No. <b>3538</b>  <b>RBS Citizens, N.A.</b> <b>Attn: Bankruptcy Dept.</b> <b>One Citizens Plaza</b> <b>Providence, RI 02903</b>	<b>J</b>	<b>UNKNOWN</b> <b>UNKNOWN</b>			<b>X</b>	<b>550.00</b>
Account No. <b>xxx5290</b>  <b>Revenue Group</b> <b>3700 Park East Dri</b> <b>Beachwood, OH 44122</b>	<b>H</b>	<b>Opened 11/01/07</b> <b>CollectionAttorney Anesthesiology</b> <b>Consultants Of</b>				<b>118.00</b>
Sheet no. <b>12</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>1,911.58</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx7396</b>  <b>Roane Medical Center</b> <b>412 Devonia St.</b> <b>Harriman, TN 37748</b>	<b>W</b>	<b>3/09/2012</b> <b>Medical Bills</b>				<b>124.13</b>
Account No. <b>112-1</b>  <b>Sallie Mae</b> <b>1002 Arthur Dr.</b> <b>Lynn Haven, FL 32444</b>	<b>W</b>	<b>9/13/2005</b> <b>Educational Loan</b>				<b>12,793.00</b>
Account No. <b>4570</b>  <b>Southwest Anesthesia Services, Inc.</b> <b>5901 Monclova Rd.</b> <b>Maumee, OH 43537</b>	<b>J</b>	<b>11/9/10</b> <b>Medical Bills</b>				<b>82.68</b>
Account No. <b>0506</b>  <b>St. Lukes Hospital</b> <b>5901 Monclova Rd.</b> <b>Maumee, OH 43537</b>	<b>J</b>	<b>4/10/2009</b> <b>Medical Bills</b>				<b>322.52</b>
Account No. <b>3313</b>  <b>Surgi Care</b> <b>5959 Monclova Rd.</b> <b>Maumee, OH 43537</b>	<b>J</b>	<b>11/9/2010</b> <b>Medical Bills</b>				<b>172.50</b>
Sheet no. <b>13</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>13,494.83</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>7001</b>  <b>Temperance Animal Hospital</b> <b>7375 Lewis Ave.</b> <b>Temperance, MI 48182</b>	<b>J</b>	<b>9/2007</b> <b>Vetrinary Services</b>				<b>0.00</b>
Account No. <b>xxxx1933</b>  <b>The HMC Group</b> <b>29065 Clemens Rd., Ste 200</b> <b>Westlake, OH 44145</b>	<b>H</b>	<b>UNKNOWN</b> <b>Medical Bills</b>				<b>94.95</b>
Account No. <b>x5175</b>  <b>The Pharmacy Counter</b> <b>2655 W. Central Ave.</b> <b>Toledo, OH 43606</b>	<b>H</b>	<b>3/21/2012</b> <b>Purchase of Medical Supplies</b>				<b>168.19</b>
Account No. <b>2470</b>  <b>Toledo Cardiology Consultants, Inc.</b> <b>2409 Cherry St., Ste. 109</b> <b>Toledo, OH 43608</b>	<b>J</b>	<b>5/6/2010</b> <b>Medical Services</b>				<b>679.16</b>
Account No. <b>9001</b>  <b>Toledo Clinic, Inc.</b> <b>P.O. Box 8708</b> <b>Toledo, OH 43623</b>	<b>J</b>	<b>3/16/2010</b> <b>Medical Services</b>				<b>200.00</b>
Sheet no. <b>14</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,142.30</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>4001</b>  <b>Toledo Clinic, Inc.</b> <b>P.O. Box 8708</b> <b>Toledo, OH 43623</b>	<b>J</b>	<b>1/7/2010</b> <b>Medical Services</b>				<b>124.63</b>
Account No. <b>3001</b>  <b>Toledo Clinic, Inc.</b> <b>P.O. Box 8708</b> <b>Toledo, OH 43623</b>	<b>J</b>	<b>1/7/2010</b> <b>Medical Services</b>				<b>90.89</b>
Account No. <b>3001</b>  <b>Toledo Clinic, Inc.</b> <b>P.O. Box 8708</b> <b>Toledo, OH 43623</b>	<b>J</b>	<b>6/28/2006</b> <b>Medical Bills</b>				<b>16.06</b>
Account No. <b>6001</b>  <b>Toledo Clinic, Inc.</b> <b>P.O. Box 8708</b> <b>Toledo, OH 43623</b>	<b>J</b>	<b>5/16/2007</b> <b>Medical Services</b>				<b>10.50</b>
Account No. <b>2001</b>  <b>Toledo Clinic, Inc.</b> <b>P.O. Box 8708</b> <b>Toledo, OH 43623</b>	<b>J</b>	<b>10/30/2008</b> <b>Medical Bills</b>				<b>11.00</b>
Sheet no. <b>15</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>253.08</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>7001</b>  <b>Toledo Clinic, Inc.</b> <b>P.O. Box 8708</b> <b>Toledo, OH 43623</b>	<b>J</b>	<b>10/26/2009</b> <b>Medical Bills</b>				<b>32.90</b>
Account No. <b>0631</b>  <b>Toledo ENT</b> <b>6005 Monclova Rd., Ste 320</b> <b>Maumee, OH 43537</b>	<b>J</b>	<b>10/10</b> <b>Medical Bills</b>				<b>186.00</b>
Account No. <b>4369</b>  <b>Toledo ENT</b> <b>6005 Monclova Rd., Ste 320</b> <b>Maumee, OH 43537</b>	<b>J</b>	<b>2009</b> <b>Medical Bills</b>				<b>94.01</b>
Account No. <b>4984</b>  <b>Toledo Hospital</b> <b>P.O. Box 630346</b> <b>Cincinnati, OH 45263</b>	<b>J</b>	<b>1/13/2010</b> <b>Medical Bills</b>				<b>38.09</b>
Account No. <b>0534</b>  <b>Toledo Hospital</b> <b>P.O. Box 630346</b> <b>Cincinnati, OH 45263</b>	<b>J</b>	<b>3/16/2010</b> <b>Medical Bills</b>				<b>28.84</b>
Sheet no. <b>16</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>379.84</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>0875</b>  <b>Toledo Vascular</b> <b>2129 Hughes Dr.</b> <b>Toledo, OH 43606</b>	<b>J</b>	<b>7/28/2010</b> <b>Medical Services</b>				<b>60.00</b>
Account No. <b>xxxx6247</b>  <b>Transworld Systems, Inc.</b> <b>9525 Sweet Valley Dr.</b> <b>Cleveland, OH 44125</b>	<b>J</b>	<b>11/11</b> <b>Vetrinary Bills</b>				<b>116.42</b>
Account No. <b>xxxx7974</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>3/11/08</b> <b>Medical Bills</b>				<b>395.15</b>
Account No. <b>xxx6040</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>7/2007</b> <b>Medical Bills</b>				<b>136.20</b>
Account No. <b>xxxx4739</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>5/2005</b> <b>Medical Bills</b>				<b>73.05</b>
Sheet no. <b>17</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>780.82</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx8855</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>3/2011</b> <b>Medical Bills</b>				<b>906.00</b>
Account No. <b>xxxx5776</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>2/10</b> <b>Medical Bills</b>				<b>388.00</b>
Account No. <b>xxxx0730</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>2/10</b> <b>Medical Bills</b>				<b>159.00</b>
Account No. <b>xxxx8792</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>3/2011</b> <b>Medical Bills</b>				<b>36.00</b>
Account No. <b>xxxx3884</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>4/2008</b> <b>Medical Bills</b>				<b>142.00</b>
Sheet no. <b>18</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,631.00</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx7735</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>3/31/2008</b> <b>Medical Bills</b>				<b>113.94</b>
Account No. <b>xxxx5742</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>6/19/2009</b> <b>Medical Bills</b>				<b>111.95</b>
Account No. <b>xxxx9308</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>11/22/2006</b> <b>Medical Bills</b>				<b>32.51</b>
Account No. <b>xxxx4865</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>9/2009</b> <b>Medical Bills</b>				<b>721.00</b>
Account No. <b>xxxx0198</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>11/29/2006</b> <b>Medical Bills</b>				<b>467.19</b>
Sheet no. <b>19</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,446.59</b>



In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx0127</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>9/2009</b> <b>Medical Bills</b>				<b>228.00</b>
Account No. <b>xxxx4737</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>12/22/2005</b> <b>Medical Bills</b>				<b>100.00</b>
Account No. <b>xxxx5848</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>6/2009</b> <b>Medical Bills</b>				<b>89.00</b>
Account No. <b>xxxx3600</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>8/25/2006</b> <b>Medical Bills</b>				<b>86.00</b>
Account No. <b>9155</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>5/12/2006</b> <b>Medical Bills</b>				<b>70.00</b>
Sheet no. <b>20</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>573.00</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx5742</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>3/15/2010</b> <b>Medical Bills</b>				<b>51.02</b>
Account No. <b>xxxx6080</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>4/18/06</b> <b>Medical Bills</b>				<b>48.94</b>
Account No. <b>xxxx0320</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>6/2009</b> <b>Medical Bills</b>				<b>48.00</b>
Account No. <b>xxxx6048</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>4/24/2006</b> <b>Medical Bills</b>				<b>41.44</b>
Account No. <b>xxxx3217</b>  <b>United Collection Bureau Inc.</b> <b>5620 Southwyck Blvd.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>2/19/2006</b> <b>Medical Bills</b>				<b>38.99</b>
Sheet no. <b>21</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>228.39</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>4833</b>  <b>University of Michigan Health System</b> <b>1500 E. Medical Center Dr.</b> <b>Ann Arbor, MI 48109</b>	<b>J</b>	<b>8/2010</b> <b>Medical Services</b>				<b>400.00</b>
Account No. <b>4850</b>  <b>University of Michigan Health System</b> <b>1500 E. Medical Center Dr.</b> <b>Ann Arbor, MI 48109</b>	<b>J</b>	<b>2/11</b> <b>Medical Services</b>				<b>54.00</b>
Account No. <b>3187</b>  <b>University of Toledo Hospital</b> <b>Attn: Bankruptcy Dept.</b> <b>3000 Arlington Ave.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>11/24/2008</b> <b>Medical Services</b>				<b>10.00</b>
Account No. <b>8278</b>  <b>University of Toledo Hospital</b> <b>Attn: Bankruptcy Dept.</b> <b>3000 Arlington Ave.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>7/20/2011</b> <b>Medical Bills</b>				<b>170.44</b>
Account No. <b>0552</b>  <b>University of Toledo Hospital</b> <b>Attn: Bankruptcy Dept.</b> <b>3000 Arlington Ave.</b> <b>Toledo, OH 43614</b>	<b>J</b>	<b>2010</b> <b>Medical Services</b>				<b>134.64</b>
Sheet no. <b>22</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>769.08</b>

In re **Dennis P Smith,  
Heather Smith**Case No. **12-56845**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>9001</b>  <b>Wells Fargo National</b> <b>800 Walnut St.</b> <b>Documentation MAC F 4030-04C</b> <b>Des Moines, IA 50309</b>	<b>H</b>	<b>7/2003</b> <b>Purchase of Merchandise</b>				<b>791.00</b>
Account No. <b>1010</b>  <b>WFCB/Blair</b> <b>Bankruptcy Dept.</b> <b>P.O. Box 183043</b> <b>Columbus, OH 43218</b>	<b>J</b>	<b>2005</b> <b>Purchase of Merchandise</b>				<b>21.00</b>
Account No. <b>4051</b>  <b>WFNB/Lane Bryant</b> <b>Bankruptcy Dept.</b> <b>P.O. Box 18215</b> <b>Columbus, OH 43218</b>	<b>W</b>	<b>2003-2005</b> <b>Purchase of Merchandise</b>				<b>752.00</b>
Account No. <b>3178</b>  <b>Wildwood Surgical Center</b> <b>2865 N. Reynolds Rd.</b> <b>Ste. 190</b> <b>Toledo, OH 43615</b>	<b>J</b>	<b>9/2010</b> <b>Medical Bills</b>				<b>401.00</b>
Account No. <b>449-1</b>  <b>Wildwood Surgical Center</b> <b>2865 N. Reynolds Rd.</b> <b>Ste. 190</b> <b>Toledo, OH 43615</b>	<b>J</b>	<b>5/4/2007</b> <b>Medical Services</b>				<b>121.00</b>
Sheet no. <b>23</b> of <b>23</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)  <b>2,086.00</b>
(Report on Summary of Schedules)						<b>Total</b>  <b>46,791.65</b>

In re **Dennis P Smith,  
Heather Smith**

Case No. 12-56845

Debtors

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
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In re **Dennis P Smith,  
Heather Smith**

Case No. 12-56845

Debtors

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
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In re **Dennis P Smith**  
**Heather Smith**Case No. **12-56845**

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Married</b>	RELATIONSHIP(S): <b>daughter</b>	AGE(S): <b>10</b>
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation		<b>College Instructor -- Disabled</b>
Name of Employer		<b>Lincoln College of Technology</b>
How long employed		<b>32 months</b>
Address of Employer		<b>5203 Airport Highway Toledo, OH 43615</b>

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

2. Estimate monthly overtime

3. SUBTOTAL

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify):

5. SUBTOTAL OF PAYROLL DEDUCTIONS

6. TOTAL NET MONTHLY TAKE HOME PAY

7. Regular income from operation of business or profession or farm (Attach detailed statement)

8. Income from real property

9. Interest and dividends

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

11. Social security or government assistance

(Specify):

**Social Security Disability****Social Security Disability -- Daughter**

12. Pension or retirement income

13. Other monthly income

(Specify):

**Long Term Disability**

14. SUBTOTAL OF LINES 7 THROUGH 13

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

(Report also on Summary of Schedules and, if applicable, on  
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**Debtor wife hopes to return to work within a year.**

In re **Dennis P Smith**  
**Heather Smith**Case No. **12-56845**

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	<b>0.00</b>
a. Are real estate taxes included?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities:		\$	<b>350.00</b>
a. Electricity and heating fuel		\$	<b>50.00</b>
b. Water and sewer		\$	<b>175.00</b>
c. Telephone		\$	<b>180.00</b>
d. Other <b>See Detailed Expense Attachment</b>		\$	<b>50.00</b>
3. Home maintenance (repairs and upkeep)		\$	<b>550.00</b>
4. Food		\$	<b>150.00</b>
5. Clothing		\$	<b>50.00</b>
6. Laundry and dry cleaning		\$	<b>300.00</b>
7. Medical and dental expenses		\$	<b>300.00</b>
8. Transportation (not including car payments)		\$	<b>0.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	<b>0.00</b>
10. Charitable contributions		\$	<b>0.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)		\$	<b>0.00</b>
a. Homeowner's or renter's		\$	<b>50.00</b>
b. Life		\$	<b>400.00</b>
c. Health		\$	<b>300.00</b>
d. Auto		\$	<b>0.00</b>
e. Other		\$	<b>0.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments)		\$	<b>0.00</b>
(Specify)			
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		\$	<b>0.00</b>
a. Auto		\$	<b>0.00</b>
b. Other		\$	<b>0.00</b>
c. Other		\$	<b>0.00</b>
14. Alimony, maintenance, and support paid to others		\$	<b>0.00</b>
15. Payments for support of additional dependents not living at your home		\$	<b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	<b>0.00</b>
17. Other <b>See Detailed Expense Attachment</b>		\$	<b>650.00</b>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$	<b>3,555.00</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:			
<b>Debtor wife's student loans are in deferment until approx. December 2014 or January 2015.</b>			
20. STATEMENT OF MONTHLY NET INCOME			
a. Average monthly income from Line 15 of Schedule I		\$	<b>4,921.00</b>
b. Average monthly expenses from Line 18 above		\$	<b>3,555.00</b>
c. Monthly net income (a. minus b.)		\$	<b>1,366.00</b>



In re **Dennis P Smith**  
**Heather Smith**Case No. **12-56845**

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)****Detailed Expense Attachment****Other Utility Expenditures:**

<b>Cable/Satellite TV</b>	\$	<b>100.00</b>
<b>Internet</b>	\$	<b>80.00</b>
<b>Total Other Utility Expenditures</b>	\$	<b>180.00</b>

**Other Expenditures:**

<b>Vehicle Maintenance</b>	\$	<b>125.00</b>
<b>Haircuts</b>	\$	<b>75.00</b>
<b>School Expenses -- Daughter</b>	\$	<b>150.00</b>
<b>Cigarettes</b>	\$	<b>200.00</b>
<b>College Expenses</b>	\$	<b>100.00</b>
<b>Total Other Expenditures</b>	\$	<b>650.00</b>